PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/7/0528

| | | CLAIMS AS | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN. OR SMALL ENTITY | | | |
|--|--|---|------------|---|--------------|-------------------|----------|------------------------------|-----------------------------|-------|---------------------|------------------------|
| TC | TAL CLAIMS | | | | | | | RATE | FEE | | RATE | FEE |
| FO | | | NUMBER | FILED | NUMBER EXTRA | | | BASIC FEE | 71.5 | OR | BASIC FEE | 770 |
| ļ | TAL CHARGEA | BLE CLAIMS | 25 min | nus 20= | . 5 | | | X\$ 25= | , | OR | ×\$50= | 90 |
| | | - | | nus 3 = | • • • | | | X100= | | | Y200 | |
| ł | EPENDENT CL | | | 1103 0 - | | | | X100= | | OR | | |
| MULTIPLE DEPENDENT CLAIM PRESEN | | | | | | | | +180= | | OR | +360= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | 1 | TOTAL | |
| | C | LAIMS AS A (Column 1) | MENDED | ED - PART II (Column 2) (Column | | | | SMALL 8 | ENTITY | OR. | OTHER SMALL | |
| MENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | . 25 | Minus | - 29 | -25 | = | | X\$ 25= | | OR | X\$50= | |
| AMENDA | Independent | . 3 | Minus | 3 | | = / . | | X100= | | OR | X200=. | . /. |
| 4 | FIRST PRESE | PRESENTATION OF MULTIPLE DEPENDENT | | CLAIM | ./ | 1 | +180= | | OR | +360= | | |
| | | | | | | | | . TOTAL | | 00 | TOTAL | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | ADDIT. FEE | | , , , | ADDIT. FEE | |
| m | (Column 1) CLAIMS REMAINING | | HIG | | HEST MBER | PRESENT | 1 | DATE | ADDI- | - | - RATE . | ADDI- .T.IONAL |
| NT | محمد سے سے محمد سے اور | AFTER | | PREVIO PAID | | EXTRA | | .RATE. | TIONAL. FEE | | - 1041 C | FEE |
| AMENDMENT B | Total. | | Minus | 8-8 | | = . | | X\$ 25= | | OR. | X\$50= - | |
| MEN | Independent | * | Minus | *** | · | 1= | | X100= | | OR | X200= | |
| 4 | FIRST PRESE | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | +360= | |
| | | | | | | | į | +180= TOTAL ADOIT. FEE | | | TOTAL ADDIT. FEE | · |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | <u> </u> | | | • | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | 'ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FE: |
| DME | Total | • | Minus | ## | | = | | X\$ 25= | | OR | X\$50= | |
| MEN | Independent | • | Minus | *** | | = |] | X100= | | OR | X200= | |
| 7 | HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | .100 | | | +360= | |
| | | - | | | | | l | +180= | | OR | +300- | |
| | | | | | | | | | | | | • |
| | | | | | | | | | | | | |